## ×50×12/60

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<u> </u>		ļ

## INDEX OF CLAIMS

Rejected	N Non-elected
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(Through numeral) Canceled	A Appeal
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6	<del>┖╶╏┈╏┈╏┈╏┈╏┈╏</del>	55	┝╌ <del>╏</del> ╶╏┄┠ <del>┈┠┈</del> ┲┈ <del>┋╺┠╍</del>	1 100	<del>▗</del> ╄╌┞╌╄╌╊╾╂┈╂╌╂╌╂╌╂╌
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9		59	╌╃╌╁╌╁╌┼╌┼╌┾╌	110	<del>╺</del> ┷╃┈╢╴╽╶╽ <del>╍┋═┋╸╏╸╞</del> ╼
10		60	<del>┈┧╼┧╼╏╌┆</del> ╶╁ <del>╍╪╸╏╶╏</del> ╸	1	<del>····································</del>
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If more than 150 claims or 10 actions staple additional sheet here